

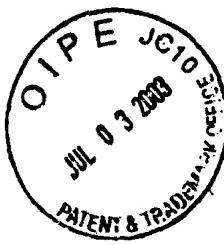
PART B - FEE(S) TRANSMITTAL

Complete and send this form, together with applicable fee(s), to: **Mail** Box ISSUE FEE
Commissioner for Patents
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Fax (703)746-4000

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CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)
 7590 04/02/2003

Gregory D Caldwell
 Blakely Sokoloff Taylor & Zafman LLP
 1240 Wilshire Boulevard
 7th Floor
 Los Angeles, CA 90025



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 I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service, with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above, or being facsimile transmitted to the USPTO on the date indicated below.

T.J. DELGADO	(Depositor's name)
<i>[Signature]</i>	
6/30/03	
(Date)	

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/539,517	03/30/2000	Albert Rudy Nelson	2207/8756	8533

TITLE OF INVENTION: LOW PIN COUNT (LPC) FIRMWARE HUB RECOVERY

APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1300	\$0	\$1300	07/02/2003

EXAMINER	ART UNIT	CLASS-SUBCLASS
DHARIA, RUPAL	2189	710-300000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached. <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.
1 PAUL E. STEINER 2 _____ 3 _____	

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

INTEL CORPORATION

SANTA CLARA, CALIFORNIA

Please check the appropriate assignee category or categories (will not be printed on the patent) individual corporation or other private group entity government

4a. The following fee(s) are enclosed:

Issue Fee
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 Advance Order - # of Copies _____

Payment of Fee(s):

A check in the amount of the fee(s) is enclosed.
 Payment by credit card. Form PTO-2038 is attached.
 The Commissioner is hereby authorized to charge the required fee(s), or credit any overpayment, to Deposit Account Number **02-2666** (enclose an extra copy of this form).

Commissioner for Patents is requested to apply the Issue Fee and Publication Fee (if any) or to re-apply any previously paid issue fee to the application identified above.

(Authorized Signature)
EDWIN H. TAYLOR REG. NO. 25,129 **6/23/2003** (Date)

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